

WORK ORDER #_____

WATER-ON REQUEST

Today's Date:_____ Account No._____

Date Service Turn On:_____ Reading:_____

Customer Name(s): _____

Business Name:_____

Service Address:_____

Mailing Address:_____

City/State/Zip:_____

Home\Wrk\Cell Phone:_____

This information will be used for contact purposes only.

Renting_____ **Buying**_____

Owner Name:_____ **Dormant?**_____

Mailing Address:_____

City/State/Zip:_____

Home/Wk/Cell Phone#:_____

**A \$150.00 DEPOSIT AND \$10.00 SERVICE CHARGE MUST BE COL-
LECTED AT THE TIME A CUSTOMER SIGNS UP FOR WATER AND
SEWER SERVICE**

Deposit Date:_____ Amount \$_____ Waived By:_____

Verified Rental Contract:_____ ID Verification_____

Trans Balance From Acct#_____ **Date Transferred**_____

Customer Signature(s)

Staff Signature

“This institution is an equal opportunity provider.”